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## Original Department.

## Lectures.

### A LECTURE ON AGE: ITS INFLUENCE IN MODIFYING THE EFFECT OF DISEASE.

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Shakespeare, in his beautiful drama, *As You Like It*, has divided the life of man into seven ages, and describes them thus:

"At first the infant,
Mewling and puking in the nurse's arms;
And then the whining school-boy, with his satchel
And shining morning face, creeping like snail
Unwillingly to school; and then the lover,
Sighing like furnace with a woful ballad
Made to his mistress' eyebrow; then a soldier,
Full of strange oaths, and bearded like the pard,
Jealous in honor, sudden and quick in quarrel,
Seeking the bubble reputation
Even in the cannon's mouth; and then the justice,
In fair, round belly, with good capon lined,
With eyes severe and beard of formal cut,
Full of wise saws and modern instances.
And so he plays his part: the sixth age shifts
Into the lean and slipper'd pantaloon,
With spectacles on nose, and pouch on side,
His youthful hose well-served, a world too wide
For his shrunk shank, and his big manly voice
Turning again toward childish treble pipes,
And whistles in his sound. Last scene of all,
That ends this strange, eventful history,
Is second childishness, and mere oblivion—
Sans teeth, sans eyes, sans taste, sans everything."

That these different periods of life have a powerful influence, in modifying the effect of disease, upon the human system, will be doubted by no one who has studied the subject with that care which its merits demand. We all know that age not only changes and modifies the mental character of individuals, but exposes them to maladies of diverse character. Appetites and passions, that are predominant in youth, lose their influence in manhood, and at an advanced age, are entirely obliterated and forgotten; while others of a different character may have taken their place.

#### I. Infancy and Childhood.

In infancy and childhood, the wants of the system are vastly different from any of the other periods of life. There is always in childhood a proportionally greater demand for nourishment than when the body has attained its maturity; and to supply this the calls of hunger require frequent attention. They also take much more active exercise than adults, which invigorates digestion, and contributes to the more rapid formation of blood for the growth of the system. The quantity of the blood is also greater at this period of life, and is observed to be brighter in color, coagulates more speedily, throws off less serum, and leaves the crassamentum more soft and watery.

The diseases of infancy and childhood are mostly inflammatory, and as a general thing, inflammation is more severe in childhood than at any other period of life, and runs its course more rapidly. Exudations of lymph or other matters are quickly thrown out, and occur in situations where they are not commonly found in adults, as for example, in the mucous membrane of the larynx in croup. Effusions readily occur in serous membranes, as in the arachnoid; and softening or ulceration takes place in the mucous membranes, as we find throughout the whole tract of the intestinal canal; this is one reason why dysentery is more fatal among children than adults.

In children, more particularly than in adults, diseased action, once commenced in the mucous membrane, shows a marked tendency to extend along its entire extent, so much so as to constitute a peculiarity of disease in early life, and becomes a source of the greatest danger. Thus ulcerations or inflammations of the fauces and pharynx are liable to extend to the œsophagus, or more especially, into the larynx and trachea. Thus the exudation thrown out in croup tends to extend down the air-passages; and even common bronchitis shows such a strong tendency to spread universally over the bronchial surface that the danger of the disease in the child is much greater from the extent of the surface affected, than from the intensity of the inflammation at any particular point. So of the gastro-intestinal mucous membrane, it being equally remarkable here that the tendency to spread is downward along the mucous membrane, but seldom in the opposite direction.

The transference of diseased action from one part to another, is more common in children than adults. Hence the universal dread of the sudden disappearance of eruptive disorders, which apprehension is generally carried too far, and often leads to very erroneous modes of practice. It is right for the physician to prevent as far as possible the sudden suppression of inflammatory action going on in the skin, as the eruption of measles, scarlet fever, or other cutaneous diseases, for this is often succeeded by morbid action set up in the alimentary canal, chest, or head. The first is perhaps the most frequent; in measles, the chest is often attacked under such circumstances, and at the close of scarlatina, the head. Indeed, the suppression of any accustomed discharge, as chronic diarrhœa, may have the same effect. Every practitioner has met with examples of this kind.

Diseases usually denominated nervous, do not occur in childhood, although the nervous system is so susceptible to derangement; and this is usually manifested in spasms or convulsions, and arises from morbid action in the brain or spinal cord, or sympathetically, in consequence of the process of teething, or disorder of the digestive organs. Convulsions occur in infancy, and epilepsy and chorea in childhood; the latter, in particular, about the fourth or fifth year; but nervous affections, such as hysteria or hypochondria, are not to be seen at this age. Neither do we often meet with neuralgia.

Observation will soon teach you that the common causes of disease affect children with more severity, in general, than adults; but from some of them they are entirely free. Irregularity of diet or improper food constitutes a more frequent source of illness in children than those more advanced in life; and derangements of the stomach and bowels, which are so liable to be induced, lead to serious results at this period of life. Brain troubles and fevers, particularly of a remittent form, are more common at this age, and frequently prove very fatal. During a medical experience of twenty-seven years, I have seen more than fifty cases of acute cerebro-spinal meningitis in children under six years, and I cannot now remember more than four out of that number that recovered, and it would have been just as well for one of the little patients if the disease had terminated its existence, for ever after it was idiotic.

Mental impressions, which have such a powerful influence in producing disease in the adult, have but little effect upon children. They are little disposed to anticipate evil, and quickly forget past suffering. Yet the injurious effect of the depressing passions upon their health may be witnessed in the pale and dejected appearance of children who, through a mistaken zeal, are subjected to an over-rigid discipline; or we may behold painful examples of what is commonly called home-sickness among children recently removed from the attractions of a pleasant home to one of our soul stultifiers—a modern boarding-school. Fear or anger, if sudden or violent, that have but a transient effect upon the adult, may produce the most lasting and serious consequences on the child. There are several instances on record where fear has produced sudden and fatal illness in children. The following instance, related by Sir Astley Cooper, in his Lectures on Surgery, should be printed in large capitals, and posted up in every school-house throughout the land, as a warning to those teachers who are in the habit of frightening their pupils into obedience.

"A child, for some trifling offence, was put by its schoolmistress into a dark cellar. It was dreadfully frightened at the idea of being put there, and cried violently the hour it was confined. When she returned to her parents in the evening, she begged that she might not be put into the cellar; the parents thought this extremely odd, and assured her that there was no danger of their being guilty of so great an act of cruelty; but it was difficult to pacify her, and when put to bed, she passed a restless night. On the following morning she had a fever, during which she frequently cried, "Pray, do not put me into the cellar." The fourth day, she was brought to my house, in a high state of fever, with delirium, frequently muttering, "Pray, do not put me into the cellar;" and when I inquired the reason, I found that the parents had learned the punishment to which she had been subjected. I ordered what I considered to be likely to relieve the fever, but the child died in a week after this unfeeling treatment."

There cannot be the least doubt that many of the ills of life are the consequence of improper physical and mental training in childhood. This is the most impressible period of life, injuries inflicted now are seldom if ever eradicated. And no man in society can do more to prevent them than the conscientious, upright physician. A word fitly spoken to a passionate teacher or parent, will sometimes accomplish wonders. Some parents have naturally a scolding, fretting, and fault-finding disposition, and they seldom fail to sour the milk of human kindness in the youthful breast. They should be taught that a firm and unyielding, though mild persuasive course, wins the heart of the child over to goodness, and leaves no room for the

growth of those noxious passions which embitter and ruin the human soul.

"Speak gently! it is better far
To rule by love than fear!
Speak gently! let not harsh words mar
The good we might do here."

### II. Puberty and Maturity.

Puberty is that period of life which immediately succeeds childhood. It is one of the most important stages of life, for during its continuance the establishment of the organs of reproduction in the sexes takes place, and the whole physical fabric is brought to perfection. The organs of the voice acquire their full growth and tone, and the muscles their full due proportion; and the brain and nervous system its peculiar power. The animal propensities now reach their full limits; and some of them, especially the sexual, acquire an ascendancy which overpowers the intellectual faculties and moral sentiments, and leads to indulgence that causes some of the most difficult and fatal disorders that the physician is called upon to treat.

From the abuse of the sexual propensities proceed impotency and the extinction of families, the infliction, during after life, of many diseases which proceed from debility and the exhaustion of the vital forces; innumerable nervous and convulsive disorders, such as hysteria, epilepsy, neuralgia, chorea, and the like; diseases of the heart; disorders of the digestive organs; pulmonary tuberculosis; and lastly, the transmission of weak and decrepid bodies and minds to offspring. And it often makes me shudder, when I contemplate the fearful amount of misery the abuse of these propensities inflict upon their votaries! Oh! how many beautiful forms and brilliant intellects have been shrouded in the gloom of eternal night, by those hateful passions which spring from the abuse of the sexual propensities.

Every physician who has been in the habit of observing the human countenance as an index to health and disease of the body, must have been often impressed with the conviction that some great and extensively operating cause is at work, depressing the physical and mental energies of an immense number of young men and women who, by continuing their daily avocation, give little or no indication of disease, yet there is a want of physical energy and mental vivacity which points to some debilitating cause which is sapping the fountain of life, and consigning to a premature grave vast numbers of our most promising young men. This secret enemy is very often found to be sexual excess and self-abuse. And the evil mostly originates at the period of puberty, and sheds its terrible blight over all the remaining periods of existence.

Immediately succeeding puberty there is a state of the human system which, to many individuals, is attended with the greatest danger, and if not properly managed, leads to an untold amount of physical suffering. I refer to that period wherein the nutritive forces of the body, which had been employed in perfecting it, may produce fulness of the bloodvessels, and a disposition to hypersthenia, hæmorrhage, and inflammation. This redundancy of the vital fluid, when in active circulation, gives rise to that flow of animal spirits and impulsive energy of feeling and strength which are the characteristics of healthy youth; yet this very exuberance of vital power, if not properly controlled and balanced, may constitute a tendency to disease, either directly, as when excitement, rising beyond the limits of health, borders on morbid action; or indirectly, by leading to excessive exertion and subsequent exhaustion. And we should not forget that puberty is the age of marked susceptibility to moral impressions, and therefore renders the individual exceedingly liable to all the disorders which they are capable of producing.

### III. Manhood or Middle Life.

This period of life is characterized by the full development and strength of all the physical organs and mental faculties; man, at this stage of life, has attained the highest degree of perfection of which he is capable. It is at this time that he feels most acutely the influence of the selfish propensities, it is now that he is tormented with avarice, ambition, religious fanaticism, and all the rankling corroding cares and perplexities attendant upon this mortal life. This is the season when the best, as well as the worst traits of human character are the most fully manifested, and have the most extensive sway.

It is also at this period of life that nearly all the diseases which afflict the human race are rendered more complicated and difficult to manage, by affections of the mind. Nearly every individual has some predominating or absorbing care or thought, some favorite scheme or subject, upon which the mind is occupied, and which keeps it in a state of perpetual anxiety. This is believed by some medical philosophers to be one reason why animals suffer less from disease than man; they are in a great measure insensible to danger, have no anxiety regarding the future state, and are not generally influenced by the ties of kindness, sympathy, or affection.

The diseases of middle life are commonly venous congestions and visceral obstructions, with the many disorders which they occasion, as hæmorrhoids, inflammations of the great cavities, affections of the heart, derangements of the stomach and bowels, gout, rheumatism, diseases of the urinary organs, and uterine organs, hysteria, hypochondria, and insanity. It is true, mental derangement is not peculiar to this period of life, but from some statistical tables, which I have consulted, of patients received into our large insane asylums, by far the greater number admitted were between forty and fifty: next to those, patients between twenty and thirty; then those from sixty to seventy, and lastly, those from fifteen to twenty. Hence you will observe that, so far as insanity is concerned, it is materially influenced by the periods of life. It is also during this stage of life that phthisis pulmonalis is the most common. It is, however, during the early part of this period that it is the most frequent; from twenty-one years to thirty, the mortality is the greatest. In early life tubercular disease is exceedingly common, but its mutations are seldom found in the lungs, they are mostly confined to the brain and bowels. Cancer is also more common at this age than any other, being more frequent between forty-five and fifty. I now refer to scirrhous cancer, and make the statement upon the authority of Sir James Paget's Surgical Pathology, page 512, first American edition.

### IV. Adult or Old Age.

In looking over the pages of that excellent work entitled, "A Compendium of English Literature," by C. D. Cleveland, I accidentally fell upon the following lines, which are so descriptive of the period of life now about to be contemplated, that I cannot resist the temptation to quote them for your benefit. They occur in a poem, "Allegorical Characters in Hell," written by Thomas Sackville, afterward Earl of Dorset, and published in the year 1603.

"And next in order sad, Old Age we found;
His beard all hoar, his eyes hollow and blind;
With drooping cheer still poring on the ground,
As on the place where nature him assigned
To rest, when that the sisters had untwined
The fleeting course of fast declining life;
There heard we him with broken and hollow plaint
Rue with himself his end-approaching fate,
And all for naught his wretched mind torment
With sweet remembrance of his pleasures past,
And fresh delights of lusty youth forewaste,
Recounting which, how would he sob and shriek,
And to be young again of Jove beseek!
Crook-back'd he was, tooth-shaken, and blear-eyed,
Went on three feet, and sometimes on four,
With old lame bones, that rattled by his side;
His scalp all piled, and he with eld forelone,
His wither'd fist still knocking at death's door,
Fumbling, and drivelling, as he draws his breath,
For brief, the shape and messenger of death."

Few individuals are pleased with the idea of being considered old. This is particularly the case with those who have enjoyed the sunshine of prosperity, and have strong ties which bind them to the world. Indeed, such is the repugnance to the idea of being regarded old—as having passed the period of the greatest activity and usefulness, and approaching that state where the decay of the faculties begins to be felt and manifested, that nothing will so excite the combativeness of a person of this description, as to intimate that time has made inroads upon his physical and mental powers, and that he is less capable of efficient action than formerly. Such is the mind of man,—such is human nature—and this is a common trait in the mentality of mankind the world over.

Old age manifests itself much earlier in some individuals than others. This results from a variety of causes, such as a want of original constitutional vitality, improper training in early life, dissipation, excessive labor of mind or body, and the hundred and one vices of our modern civilization. But when it does come, whether it be at fifty or three-score years and ten, it presents itself with such characters as not to be mistaken. To enumerate its particular features is unnecessary; let it suffice to state the general fact that it is a gradual degeneration and decay of the whole system. If any particular organ is simply out of order, it may again be put right; but if worn out, no organ can be replaced with a new one, it must be used tenderly, and shielded from every cause which may tend to injure or impede its healthy action.

If all the organs of an individual are so nicely and perfectly balanced that no one of them gives out before the other, so far as intellect is concerned, it is truly denominated second childhood; and as one faculty of mind was first developed, so one at first decays, till the mind, from being a vast storehouse of knowledge, a receptacle of human science, becomes utterly destitute and empty. Childhood and extreme old age are striking analogies; there is in both the tottering gait, feebleness of strength, want of teeth, and disposition to sleep; the irritability of temper, feeble intellect, and an insensibility to the wants of the system or the demands of nature; each needs the care and watchfulness of a guardian, and the same breath that will extinguish one spark, just emiting a feeble ray, will extinguish the other, just kindling into a flame.

The diseases of old age are not numerous; they are those which chiefly relate to imperfect secretion and nutrition, and a general failure of all the functions which depend upon a sufficient supply of blood; hence we have apoplexy, from white softening of the brain, BRIGHT'S disease, from degeneration of the granular structure of the kidneys, and mortification of the extremities; all of which occur from a failure of the vital forces. And when you meet with them in the rounds of your professional duties, do not forget that they are the harbingers of dissolution, the approach of that period when nature will withdraw her influence from the fabric over which she has exercised such skill in perfecting and maintaining so many years, and consign it to those laws that will reduce it to its primitive elements. "Dust to dust, and ashes to ashes."

"This earth and ocean, all
Are the great tomb of man;
And all the planetary host of heaven
Are shining on the sad abodes of death,
Through the still lapse of ages.

"All that tread
The globe, are but a handful to the tribes
That slumber in its bosom.
—— Millions—since first
The flight of time began, have laid them down
In their last sleep."

# Communications.

## VESICO-VAGINAL FISTULA:

### Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 337.)

*Case* 5. K. D., a Scotch girl, unmarried, 20 years of age, was admitted into the Philadelphia Hospital in April, 1859, pregnant. Her labor, which occurred in September, was difficult and prolonged, the head presenting, although the position is not known. She was finally delivered by the forceps, of a dead child, at the full term. One week after, the urine was observed trickling from the vagina, and, on examination, some three weeks subsequent, a fistula was discovered, about seven lines long, and situated at the vesicle triangle. Two months after her parturition she was transferred to the Woman's Surgical Ward, and prepared for an operation, by washing out the vagina every day with a solution of tannic acid, to give some tone to the parts; regulating the diet, and improving her condition by tonics. After the lapse of another month, she was considered well enough to justify an operation. This was performed in the presence of the house residents, in the manner already detailed in the previous cases. Seven silver threads were introduced (the patient being under the influence of ether and chloroform), and these stitches secured with the usual clamp of shot. Instead of bringing the wires out of the vagina after the adjustment, they were cut off close to the pellets of shot. Opium was administered in doses sufficient to keep the bowels closed, and the catheter kept in the bladder, and carefully watched that it should not become obstructed with mucous or blood. This girl proved to be a very self-willed and troublesome patient.

On the ninth day after the operation the stitches were taken out, and the fistula, as we believed, closed. She was kept in bed with the catheter in the bladder for five days longer, after which she was allowed to sit up, the instrument being used four times daily, and worn at night for three days more, when it was laid aside, and the patient allowed to walk about. She was retained in the house for two weeks longer, and then discharged well.

About four months later this young woman returned, seeking admission, alleging that the fistula had re-opened. She had evidently, from her own statements, been leading a very irregular life. On carefully inspecting the parts, a small opening, admitting the end of a probe, was detected in the middle of the cicatrix. There could be no doubt this fistula had opened during her absence, as the bladder was perfectly retentive, and the urine passed voluntarily in a full stream for the two weeks previous to her leaving the hospital. Four operations were performed unsuccessfully to close this small hole, at intervals of eight weeks, and requiring but three stitches when freshened. I was satisfied there was something wrong, as there was nothing in the case which could explain this indisposition to heal. I suspected the woman was more anxious to have a home than to get rid of her disease, and doubtless, at night, in the absence of the nurse, withdrew the catheter, introducing it herself before her morning visit. Accordingly, on discovering my failure in the fourth operation, without waiting for some time to elapse, the parts were again denuded, and two sutures inserted; relays of nurses were kept night and day by her bed, and on the eighth day the parts were examined, and the sutures taken out. The opening was closed. The bowels had been confined for 17 days, and

after wearing the catheter four days longer, she was allowed to dispense with its use.

My surmises in regard to the cause of failure were corroborated by her own confession. One year after, this poor unfortunate girl applied again for admission, not on account of the fistula, which remained well, but evidently dying from tuberculosis, induced by a life of dissipation.

*Case* 6. Ann H——, a native of Ireland, aged 33 years, and a resident of Delaware County, Pennsylvania, was admitted into the Philadelphia Hospital on the 24th of January, 1860, with a vesico-vaginal fistula, situated three-quarters of an inch below the upper extremity of the vagina, four lines in length, and running oblique to the longitudinal axis of the canal. About ten months before her admission into the institution she had been delivered by instrumental means of a child, after a difficult labor of thirty-six hours duration. I believe this was her second child. A few days succeeding this she discovered her urine dribbling away, without being able to exercise any control over its escape. As the woman's health was by no means good, the first attention was directed to its improvement, which, under the employment of mineral tonics, and a good diet, was, in a few weeks, in a good measure restored. The last of the succeeding month (February) the operation was performed, while under the influence of ether and chloroform as an anæsthetic. Four silver sutures were introduced, and secured by means of a wire twister. The wires were next cut off very near to the wound, and the ends turned down in such a manner as not to irritate the posterior wall of the vagina. The catheter was worn uninterruptedly, and the bowels locked up with opium. The case progressed without any unfavorable symptoms whatever, and on the eighth day the stitches were removed, and the union found to be complete. The patient was retained in the hospital nineteen days longer as a precautionary measure, during four of which she was obliged to wear the catheter.

*Case* 7. Matilda L., aged 24 years, was sent from Wilmington, Delaware, by Dr. Pepper Norris. She entered the hospital August, 1860. An examination proved the existence of a vesico-vaginal fistula at the *bas fond*, transverse in direction, and about six lines in length. It followed her first labor, which was sufficiently difficult to demand delivery of the child (dead-born) by the forceps. The presentation was a cephalic one, and she heard nothing said about anything being wrong. A few days after, she could not state how many, the urine began to flow from the vagina. The woman was pale, anæmic, and had but little appetite. She was placed on a regimen of tonics and nutritious food, in order to improve her health. Some progress was made, but by no means equal to our expectations, and after waiting five weeks, I concluded to make an attempt for her cure. On paring the edges the bleeding became very profuse, and continued, notwithstanding the application of ice and a stream of cold water from the nozzle of a syringe. To arrest this, seven stitches were inserted, and the edges drawn firmly together. Even these did not entirely control the hæmorrhage, some considerable oozing continuing. The catheter was introduced into the bladder, and the patient placed in bed, with directions to administer the usual pills of opium. Difficulty was experienced in keeping the catheter clear, it becoming obstructed with clots of blood for three or four days. She suffered also, throughout the whole treatment, with flatulent colic and some diarrhœa; the last was controlled by enemata of starch-water and laudanum, morning and evening. Her appetite failed, and her stomach became irritable, for the relief of which alkalies were prescribed with benefit. At the expiration of nine days, the sutures wese examined, without being at all sanguine as to a favorable result. Several had ulcerated out, and no disposition was exhibited at any point to heal. They were all removed, and the patient, in a few days, ordered out to take exercise in the open air.

Vegetable tonics, with an occasional mercurial, followed by the tincture of the chloride of iron, wrought a wonderful change in her condition, so that in six weeks after, we deemed her health sufficiently good to undertake a second operation. The edges of the fistula had changed. Instead of being spongy and soft, they had become firm. There was no more than the ordinary bleeding after the application of the knife in vivifying the margins. Six metallic threads were introduced, secured each by the shot-clamp, and the usual treatment pursued. Not a single untoward symptom occurred, and after eight days the stitches were removed, and the union found complete. Dr. Ricio, one of the resident-physicians of the hospital, was unremitting in his care of this patient.

*Case* 8. K. C., born in Ireland, recently from the vicinity of Bordentown, N. J., aged 28 years, entered the hospital in the spring of 1860*, with a vesico-vaginal fistula situated a short distance above the neck of the bladder, oblique in position,

* The record of this case being lost, I am unable to refer with certainty to the date of her admission, my own notes only containing the details of the operation.

and about five lines in extent. The entrance to the vagina was much constricted, rendering the exposure of the fistula difficult. The accident occurred about eighteen months before, in a first labor, in which a dead female child was delivered by instruments. She is not certain that the head presented. Difficulty was experienced in adjusting the instruments, and she felt as though the vagina had been torn at the time. As the fistula was seated above the stricture, it became necessary to institute the preliminary treatment of dilatation, which was effected by gum-elastic bougies, after two weeks. This accomplished, the operation was performed in the presence of the medical residents, the patient being under the influence of the usual anæsthetic of ether and chloroform. After the edges were sufficiently denuded, six metallic (silver) threads were introduced, the parts brought in contact by passing each suture in detail through the adjustor, and securing the apposition by the shot-clamp. The rigid character of the vaginal walls, in consequence of the amount of cicatricial tissue, rendered all manipulations difficult.

From this until the ninth day following, nothing of importance occurred. The threads were on this day removed, and the fistula found about two-thirds closed. She was allowed two months' respite, occasionallly having a large-sized bougie introduced to counteract the persistent tendency to contraction of the vaginal canal, after which a second operation was executed, in which four stitches were inserted. A good deal of bleeding from the bladder followed for two days succeeding this, rendering it difficult to keep the catheter unobstructed. On the third day it ceased, and the case progressed very favorably during the remaining period of her treatment. The stitches were cut out on the ninth day, the union having taken place throughout. This woman, after getting about, complained of some incontinence, and I was disposed to believe some minute orifice must still exist, although undiscovered. Since, however, the nurse informs me, this disappeared, and she left well.

*Case* 9. Mrs. G., an Irish woman, aged 40 years, who married late in life, fell in labor with a first child January, 1863. She states her pains commenced on a Friday, and gradually increased in severity until the following Sunday, when she became so exhausted as to render the application of the forceps necessary to complete delivery. The child, a male, head presentation, was born dead. The bladder had not been catheterized. At no time after that had she a sensation like urine passing by the urethra. Her getting upwas slow, and it was many weeks before she was able to walk, in consequence of a feeble state of the limbs, with diminished sensibility. In November, 1863, she was kindly referred to me by Prof. F. G. Smith, of the University of Pennsylvania, to whose care she had been sent from the country. On examination, a fistulous opening was found between the vagina and bladder, situated at the *bas fond*, three-fourths of an inch in extent, and transverse in direction.

On the 10th of November, I operated in my usual manner, assisted by Profs. F. G. Smith, Penrose, Drs. La Roche and Boardman. Nine silver threads were inserted and secured by the shot-clamp. The usual course in regard to opium, catheter, and diet was observed. Nothing unusual occurred, worthy of note, during the treatment. On the ninth day the stitches were removed, and the wound found united. The catheter was continued five days longer, the bowels being gently moved on the twelfth day after the operation. This patient I saw over two years after, when she stated she remained perfectly well, and was about four months advanced in her second pregnancy.

[To be continued.]

## PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. Banning, M. D.,

Of New York.

(Continued from p. 337.)

### Of Ante- and Retro-flexions.

These are the least frequent, but most formidable of all complications which intercept the complete success of the abdominal and spinal shoulder support; and so far as the effect of these abnormalities upon the rectum, vagina, bladder, and sympathetic system, is concerned, it is the same as that of retroversion, whilst the pathological facts are very different. In the former case, the whole uterus, in its proper form, has merely changed its *vertical* for a *horizontal* position, but in the latter, not so; the os and cervix often remain in their normal altitude and axis, whilst the *fundus* is *retroverted*, by and through a flexion of the cervix, at or near the body of the uterus. In these cases there is generally less vaginal relaxation and mobility of the os than in retroversion; indeed, it often appears as though the flexion tended to fix the os more immovably in the centre of the pelvis. It is also observable that, in this mal-position, hypertrophy, congestion, and tenderness, both of the cervix and fundus, are more frequent than in retroversion,

owing, doubtless, to the vascular, nervous, and lymphatic obstructions and irritations incident to the flexion. So inexorable is it, that a violation of the law may cause any of the disturbances attendant upon malposition.

### Of the Causes of Uterine Flexions.

These are various, and with some exceptions, identical with those of simple version. But among them all, that of a morbid trunkal bearing toward the uterus is prominent, and nearly always present, (see Fig. 2. page 5, of this volume.) The next most common cause is the use of ordinary abdominal supporters, which *compress* the bowels, and crowd a portion of them down upon the uterine fundus. In this case, the more firmly the vagina holds the uterus from prolapsing, the greater will be the trunkal stress upon the cervix, and the consequent tendency to a flexion. But of all purely physical causes, that of the use of ordinary pessaries, which press upon the os more or less, in connection with squeezing abdominal supporters, is most potent. For in such cases, the uterus is wedged between the pessary on the one hand, and the pressure of superior viscera on the other. The ultimate effect of which (especially in a condition of cachexia) is obvious, viz., to flex the uterus.

In connection with these influences, the effect of woman's attire, as worn now-a-days, should by no means be overlooked; and I mention this in connection with the inexorable fact that, previous to the appearance of the first quilted skirt and the first bustle, to the universal divorce between the dress-waist and its skirt, and to the disappearance of the old-fashioned petticoat, with its broad shoulder-straps, the occurrence of either uterine versions, retroversions, or flexions, was comparatively unknown. Indeed, it is but too evident that the inevitable tendency of almost every article of woman's dress, and of all of them combined, is to narrow the waist, increase the burdens of the abdominal and dorsal muscles, depress the viscera, and droop the whole trunk; and also, that the ultimate of this is to induce uterine displacement. Besides these, there may, of course, be other and unappreciable physical and constitutional conditions. But reason and experience teach us to attribute flexions *mainly* to appreciable *physical* influences.

### Curative Indications.

Various have been the conclusions on this point, the majority of practioners merely treating uterine flexions as a prolapsus, by attempting to *boost* up the flexed organ in its flexed condition. Of course, the inadequacy and unadaptedness of such a course will be obvious to the reflecting. Poor, however, as this remedy is, this cause has produced at times more or less relief to the effect of pressure upon the bladder, rectum, and sacral and femoral nerves, by the same elevation of the mass. But on the whole, the practice is to be rejected, inasmuch as the relief so gained places a quietus upon the patient's complainings, and lulls the acumen and anxiety of the attending practitioner to rest; meantime the pressure of an ordinary pessary is tending to increase the flexion, for obvious reasons. Others attack these maladies by dividing the posterior fibres of the cervix, and by the use of the sound, etc., to *straighten* the uterus, whilst in this divided condition. Of this mode it is to be said, 1st, that it is *bloody* and most intimidating to the patient, and is attended with long confinement and very much trouble, at best; 2d, that there have been but a few cases of hard-earned success, in which the patient and nurse have had more than their full share; 3d, that one of the most extensive and respected operators by this mode has been heard to candidly say that, after all, he had a great many *failures*, and in the meantime he said nothing of his *successes*. "At best," said he, "the cases are long and tedious." As for myself, I know of no one case of happy success.

Certainly, if woman has no hope but in this mode of cure, her prospect is anything but cheerful. In this state of the case, we turn to those principles which have been the base of our remarks on prolapsus, procidentia, and retroversion, and there we find light, hope, and expectation breaking in upon us, without one hesitating tremor of the timid patient, at the thought of blood, knife, or needle; or a fear on the part of the practitioner, that if he should fail of the fullest success, he may possibly leave his patient worse than he found her.

From this common-sense view of things, we see that uterine flexions are to be treated precisely as a version. First, by pushing forward the spinal *point d'appui* to a line with the ankle and head; to poise the weight of the head and shoulders behind the spinal point; to depress the pubes and elevate the abdominal viscera. Next, having done the above, either by the means hereinbefore proposed, or by any better method, the fundus uteri must be *immediately* reposited, if practicable, if not, it must be *gradually* done by the same means and under the same rules as in the case of uterine versions. This accomplished, it is to be *retained* in situ by the identical means which act so promptly and so kindly in the case of versions. On this point, I am free to say that the

sound is of the greatest service, in so effectually repositing the uterus, as to enable me to place the curved balance so completely behind the reposited fundus, as to make it impossible for the latter to recede. In case of adhesions, however, or such weight and tenderness as preclude the immediate reposition, we must take more time, and trust to the gradual wedging action of the *T* of the balance—increasing the length and force of the instrument, as the improvement requires, and the organic sensibilities will permit.

**Effect of this Process upon the Flexion.**

By the above process, it is manifest that not only do we immediately or gradually elevate the fundus, but also that we actually put the contracted or flexed fibres on the *stretch*, and this, in proportion as the balance is elevated, and still more on account of the fact that, in this case the os was already in position, and does not move with the fundus, as in the case of versions. Under the force of this view, I cannot refrain suggesting to those who feel as though they *must cut*, in the premises, that this brace relieves the uterus from all but its own weight, and that this balance so effectually straightens out and stretches the uterus, that after their cutting process has been performed, it will in an easy and unirritating way hold the uterus in its proper position, from an external base, and obviate the necessity for any intra-uterine body for that object, thereby averting a great amount of irritation and troublesome manipulation.

**Of the Results.**

Of all the uterine abnormities, touching position, *flexions* are acknowledged to be the most opprobrious, and that as yet, no reliable remedy has been provided for them, either in this or the old world. Under such circumstances, whatever can *certainly mitigate*, or effect a perfect emancipation of only 20 per cent. of these cases, should be hailed as a great *advance* at the least, upon all previous efforts; and I have the inexpressible satisfaction to state, that in no limited experience, I have found immediate progressive relief to follow the careful application of the brace and balance combined; and also, that in the majority of cases, the success has been complete. In illustrating this statement, I limit myself to two cases, after first referring to a most decided case, reported in the Reporter of September 22d, by my distinguished friend, Dr. John H. Griscom.

*Case* 1st. Married; had been for years in poor constitutional health, for which she had received much local and constitutional treatment, with but the most indefinite result. Of late she found a motley crowd of general and local distresses attendant on each effort to stand or walk, producing pressing, aching and boring feelings in the lower sacrum, which were greatly aggravated when lying upon her back; consequently, she spent all her nights, and most of the days, upon her face. In this case, if there is any merit in any of the pessaries, it should have been manifest, as every conceivable form of them had been brought to bear upon it. When she was brought to me, she was the personification of weakness, sympathetic disturbances, despair, and pelvic suffering, which all *experienced* practitioners can comprehend. On making a digital examination, a case of extreme retroflexion was manifest. This at once explained the varied sympathetic constitutional disturbances, and more particularly, the agonizing suffering in the sacrum, which was mitigated by lying upon her face. The os and cervix were not only in the centre of the pelvis, but also in their proper vertical condition, and were as immovable as when in a state of perfect health; but, at about the junction of the cervix with the body of the uterus, there was so complete a flexion as to bring the uterine body perfectly horizontal in the pelvis; and but for the resistance of the rectum and sacrum, the body and cervix would have formed two parallels. On examining the general appearance of the body, it was apparent that the trunkal relations to the uterus were oppressive to that flexed organ. To this case the abdominal and spinal shoulder brace was applied, as a preliminary, but with no relief, excepting that of support to the stomach, and rest to the aching back. I then placed the patient upon her knees and face, (elevating the hips to the utmost,) and found no difficulty in repositing the fundus. This done, the curved **T** of the balance, passed almost of itself, to its proper place, behind the fundus, and so crowded up the posterior cul-de-sac, as to forbid the uterus to leave its position. The protruding portion of the shaft was then slipped through a mortice, in the further end of the curved spring, which depends from the front of the brace as an external base. She was then directed to lie upon her back, before leaving the table; in doing which she experienced none of her usual sufferings. On rising to her feet she remarked, "It feels oddly enough, but then, that awful feeling is gone; I think it will do me good when I get used to it." As a matter of course, the patient had to remain under my care for frequent manipulation, for a few days, to overcome the several contingencies, which of course will arise, but in the space of two weeks, the brace, balance, and afflicted parts had

all conformed to each other, and the patient was comfortable, and at liberty to walk and drive at her pleasure. This lady has now resumed her position as wife and mother, and has recently informed me, that she has taken several walks and drives with no support but the external brace, which she found acted as a great support and protection. In a few weeks I confidently expect to learn that the internal balance has been *permanently* dispensed with.

*Case* 2d. From a distant western State; married; had for many years been the subject of uterine congestion, and occasional inflammation. Constiption, and distress in the pelvis, with the usual sympathetic concomitants of uterine displacement, were constant, with occasional aggravations, corresponding with the patient's frequent indulgence of her ambition to be "good for something." On touching, I found the uterus not only prolapsed with the *os*, nearly in the meatus, externus, but also considerably enlarged, hardened, and tender to the touch, and lying with its fundus forcibly packed upon or *into* the rectum, as it were, explaining her persistent constipation. At the junction of the cervix and body, the uterus was decidedly flexed, and the whole organ so thoroughly impacted, as at first, to be wholly immovable. After repeated attempts I surrendered the idea of perfectly repositing the uterus, and after the application of the external brace, contented myself with so applying the curved balance, as to steadily and gradually crowd upward, between the rectum and uterine fundus. This was at first attended with considerable pain, which gradually subsided, and in two or three days entirely ceased. As this occurred, the balance was gradually elongated, by its set screw, until the uterus was completely restored to its normal height and axial bearing to the pelvis. As this improvement progressed, the lady became cheerful, rested well, and experienced a complete immunity from all the motley crowd of nervous derangements which had rendered her life of so little worth to her. Within about a fortnight after the commencement of the gradual wedging and elevating pressure by the short balance, this lady rode and walked with the utmost freedom; on several occasions walking many blocks in the morning, on friendly visits, and returning on foot in the evening. The uterus now being fully liberated, and eligible to the use of the sound, I should have had no difficulty in correcting the *flexion* also, by the joint use of that instrument, and such an increased curve in the balance, as would have pushed the fundus forward, and so held it permanently; but, (*unfortunately*, in one sense), so great was the relief in every respect, that she could be no longer persuaded to remain from her distant home. She decided to return, and have the flexion attended to at some future time, should it ever occasion her any suffering. This decision, at the threshold of a grand conquest, was to be deprecated, on the lady's account, and I may add, also, on account of the cutting short of the full triumph of the writer, which he held within his grasp.

This case is replete with encouragement to the thousands of practitioners who have constantly several of these cases upon their hands; and who have no longer the face to say to the confiding patient, that they confidently expect to cure them. It is also eminently *instructive*, concerning the practice of delaying the use of the abdominal and spinal shoulder brace, and the balance, for months, and years (and for ever, I might add), until enlargement, congestion, and tenderness are first removed. On this point, the previous history of this case, and the result of the test, must prove two things: 1st. That these dreaded morbid conditions of the uterus, its appendages, and surroundings, are, to say the least, not unfrequently *the result* of uterine displacement or flexion.

2. That usually, the first thing to be done in such cases, is to make a *prudent* attempt at an entire, immediate, or a gradual repositing of the chief pelvic organ; and I submit to the experience of the past, whether practitioners have very often had the pleasure of seeing their preparatory treatment fully remove the above morbid conditions in any reasonable time when attended by much version or flexion? In the writer's experience these abnormal conditions, and apparent obstacles to the use of the balance, have themselves disappeared in four-fifths of the cases where that instrument has been early resorted to, in spite of the apparent formidable incompatibilities in the premises.

### Of Ante-flexions.

Upon this subject, it is only necessary to remark, that the course to pursue, is precisely the same under common sense as in retro-flexion. In the latter case the straight, and not the curved balance is to be used, just as in ante-version; for retro and ante-flexions are nothing but corresponding versions, with the circumstance of a flexion. After the trunkal bearings toward the uterus are corrected by the external brace, the straight balance is to be carried to the cul-de-sac, in *front* of the uterus, not behind it.

Of the application of the balance, according to the lengthened and varied experience of the

writer, this subject is hardly second in importance to that of the pathology upon which its use is based, indeed, it is a sorry fact for suffering woman, that many of the brightest brains have only a handful of *thumbs*, with which to carry out their best conceptions, and that in consequence of a want of tact in *executing* their best movements, many diseased conditions are aggravated. The success of a feasible cure foiled, much suffering incurred, and the hopes of confiding sufferers, often fatally dashed; and all for the want of familiarity with the seemingly trifling details of a pelvic manipulation. Hence, to inspire the modest and timid young practitioner with confidence of success, I give the following details of my present method of precedure, as suggested by much experience under many annoying and discouraging contingencies.

# Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
*October* 6, 1866.

## SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

### Wart-like Excrescence on Tongue.

Sarah R——, æt. 15. She has a little growth, a wart-like excrescence, projecting from the under surface of the tongue, directly over the middle line. It was first observed last Christmas, and as it was then found to be of the same size as now, it has possibly been growing for several years. There is no pain in it. The surface of the tumor is a little more red than that around it. It has been removed several times.

The probability is that this excrescence is of fibroid character, containing a large quantity of epithelial matter. These growths occur more frequently upon the upper surface of the tongue, farther back upon the central or lateral portion of the organ. They are benign, but apt to recoil after extirpation.

Various tumors are liable to form upon the tongue. It is the subject of carcinoma; but this affection is most common after middle life. Erectile tumors sometimes appear upon it. A fatty tumor has occasionally been met with in this situation, and now and then a cystic. All these are exceedingly uncommon, cancer being the most frequent of them all.

The tumor was excised with but little loss of blood.

### Epulis.

Sarah ——, æt. 25. She has a tumor of the upper jaw, denominated epulis. It is of fibroid character, with more or less epithelial matter in its interior, and springs from the socket of one or more of the teeth. It does not grow merely from the gum, as the term epulis would signify.

The tumor could readily be shaved off, but this would not insure immunity against its recurrence. It is necessary to remove a portion of the jaw-bone itself, otherwise the operation would be worse than useless.

Two teeth were extracted, and by means of the bone forceps, described by SCULTETUS, a portion of the jaw-bone was removed with the tumor.

The mouth was ordered to be washed daily with a solution of permanganate of potassa, to allay fetor, and keep the part in a comfortable condition. There is no probability that the saliva will be swallowed to an injurious extent, though it sometimes happens after operations involving a large portion of the jaw, that life is destroyed by the deglutition of the secretions of the mouth or nose.

### Hypertrophy of Tonsils.

Sarah P——, æt. 9 years. She sleeps with the mouth open and the head thrown back, and snores so that she can be heard all over the house. An examination showed the tonsils to be in a state of inflammatory hypertrophy.

The tonsils are composed of a congeries of mucous follicles, lined and covered by mucous membrane. The object of these glands is to secrete some fluid, the precise character of which is not exactly ascertained. They are very liable to become enlarged in young children in consequence of exposure to cold. This enlargement is particularly apt to occur in children of a strumous or scrofulous habit of body. When the increase in size of the glands is very considerable, as in this instance, when they meet in the middle line, great difficulty of respiration is experienced, the child sleeps with the head retracted and the mouth open. In consequence of the exertion which the respiratory muscles are obliged to make, the chest becomes ultimately very much changed in its form, flattened in front, convex behind, and contracted at the sides. Hence the importance of removing the tonsils at an early period of the existence of the enlargement.

In the first stages of this affection, something may be done toward relief by attention to the part and system. Under all circumstances, it is necessary to look upon the affection as one of constitutional origin, and not as merely local in its nature. It may be excited by cold, disorder of the general health, or suppression of the cutaneous perspiration, but there is always some trouble on the part of the system, which should be rectified. The general health should be improved, by attention to the diet and secretions, an occasional laxative, and proper protection of the skin against exposure to cold. As a local application, a solution of nitrate of silver, or the salt in substance, applied with the antiphlogistic touch, is beneficial. Another good application is sulphate of copper; and another tincture of iodine, more or less diluted. Occasionally, a leech may be applied in the gutter between the jaw and the sterno cleido-mastoid muscle, directly opposite the gland. Gargles of various kinds may be used, or the spray applied.

In this case, the period for such remedies has passed. The tonsils are in that condition in which it is impossible to reduce them by any mode of treatment, local or constitutional, which could be adopted. The only way of getting rid

of them is to excise a portion—to chip off a piece. The operation is performed by seizing hold of the gland by a volsella, and drawing it away from between the arches of the palate, and then, by means of a probe-pointed bistoury, with the back toward to tongue, cutting from below upward, and from without inward, toward the middle line, removing a portion of,—never the entire gland. The operation is perfectly simple, when the patient coöperates, otherwise disagreeable and difficult.

A portion of both tonsils was excised, and the patient directed to remain in a comfortable room for five or six days, and the bowels to be kept soluble.

# Medical Societies.

## PHILADELPHIA CO. MEDICAL SOCIETY.

*Conversational Meeting, Oct. 10th, 1866.*

### Laryngoscopy, and its Use in Diseases of the Throat and Windpipe.

Dr. J. Solis Cohen, by appointment, introduced the subject substantially as follows:

By *Laryngoscopy* is meant, literally, inspection of the larynx; but the term is applied to the examination of the image of all structures perceived, under favorable circumstances, upon a small mirror held obliquely at the back part of the throat, so that its surface strikes at the same time the examiner's plane of vision and the plane of the entrance into the larynx. The favorable circumstances consist in the employment of a good light, sufficiently powerful to illumine the little mirror held at the back of the throat. The best light of course is a good sunlight, but when this cannot be employed, any artificial light can be made use of, more or less satisfactorily, from that of a good candle to the Drummond and electric light.

Under favorable circumstances, when a good sunlight illumines the pharynx, the only instrument required for the performance of laryngoscopy is the simple laryngeal mirror, which consists in a small looking-glass attached at an angle to a slender handle, long enough to permit of its being held at the back of the throat. The form and size of mirror of most frequent utility is a circular mirror, of glass, of the diameter of an inch, and attached to its stem at an angle of 125°.

Mirrors of various forms have been employed, such as rectangular, oval, pyriform, heart-shaped, etc. etc. This is a matter of very little importance, although it may be well to mention that circular mirrors appear to cause least irritation of the parts, and are on that account preferable for general use. The size of the mirror may vary from half an inch in diameter, or less, to an inch and a quarter, or more; the larger the mirror that can be employed in any individual case, for obvious reasons, the better. The best mirrors are made of thin white plate-glass, and silvered. These possess a beautiful white ground, and reflect objects in their natural colors. Quicksilvered mirrors are bluish, and more apt to become impaired. Steel mirrors, which were very much employed during the earlier practice of the art, have usually either a bluish or violet-colored ground, and are very liable to become rusted, altered by exposure to heat, scratched and injured by secretions, or by corroding substances used in medication, and are therefore difficult to keep in order, and less useful than the good glass mirror.

If we introduce one of these mirrors into a patient's mouth, we find it at once becomes sullied by the halitus of the breath, which condenses on its cool surface into minute globules that scatter the rays of light. This can be prevented by first dipping the mirror into warm water, so as to bring it to the temperature of the parts, before introducing it; or more conveniently, by simply heating it over the flame of a lamp; and if artificial light is being used for examination, the mirror can be heated over the means of illumination. Care must be taken not to heat it too much, or the patient's uvula and palate may be unintentionally cauterized; and it is best, therefore, to hold the reflecting surface of the mirror over the flame. A little glycerine and water, or sugar and water, or gum and water, carefully spread over the cleansed surface of a cool mirror, will prevent the moist breath from dimming the mirror, by absorbing the vapor as it falls upon it. The plan of heating over a flame will, however, be found the most convenient in practice.

The manner of introducing the laryngeal mirror is of importance, for if the operation be carelessly or improperly performed, the patient will be caused a good deal of unnecesary unpleasantness from irritation of the fauces, and its results of choking, or retching, or coughing.

The best method of introducing the mirror is to hold it like the brush of the artist, the stem between the thumb and fore and second fingers, like the handle of a pen, the mirror pointing upward, with its reflecting surface horizontal. The wrist is thus in extension. Now, if the patient open his mouth properly, and the tongue is controlled by voluntary effort or otherwise, the mirror can be passed in until it is over the base of that organ, when a simple flexion of the wrist will land the mirror upon the pharynx at an angle of about 45°, the soft palate and uvula having been received on its dorsal surface and pushed upward and backward; and immediately the image of more or less of the laryngeal structures will be perceived in the mirror. The novice at first, of course, will see less, but as he gains practice, will soon learn to see more, and at last, all that is to be seen. In this way we can examine the back portion of the tongue, and arches of the palate, the epiglottis and arytenoid cartilages, the larynx and its contents, the false and true vocal cords, more or less of the trachea, under favorable circumstances, clear down to the bifurcation, and in rare instances, more or less of the right bronchus. This art, therefore, is well worth study, for by it we are able to see what is really the matter in long-standing affections of these organs, and therefore to prescribe without any hap-hazard; and to interfere surgically, when necessary, with the same confidence and precision with which we operate on

the exterior of the body. In fact, laryngoscopy has wrested affections of the throat from the category of inward diseases.

The skilful laryngoscopist will succeed in obtaining a satisfactory view of the parts at the first interview, in nine-tenths of his cases, and in many instances at the very first introduction of the instrument; but considerable familiarity with manipulation is necessary. In a certain number of instances, from congenital or traumatic malformation, it will be impossible to make the examinations.

There are several obstacles, in certain instances, to a satisfactory introduction of the mirror. First and foremost, we will meet with a certain number of patients who cannot open their mouths properly, or who will close upon an instrument the moment it is introduced. In such cases a mouth-distender becomes necessary. The cheek-retractor of the dentist will answer, or a big cork between the back teeth, or we can introduce a cylindrical speculum, and introduce the mirror through that.

Then again, the management of the tongue is often a matter of considerable difficulty. The tongue often rises up involuntarily as soon as an instrument passes between the lips, and it will sometimes press the mirror against the roof of the mouth with considerable muscular force. The best position for the tongue during an examination is moderately protruded by its own muscles in a horizontal direction, with the body of the organ lying quietly on the floor of the mouth, and the base hollowed as it were. Most patients can learn to maintain their tongues in this position voluntarily after a little practice before a looking-glass; and where this cannot be done, the tongue can be retained in position by the disengaged fingers of the operator, or preferably by those of the patient, a towel or napkin being interposed to keep the tongue from slipping. Forceps for holding the tongue are to be condemned. It is best to manage without resort to a tongue-depressor, but when this becomes necessary, the best one to use is one made of hard rubber, sufficiently long to reach the base of the organ and without any fenestrum. It is necessary that the base of the tongue be depressed and at the same time directed forward so as to put on the stretch the ligaments by which the epiglottis is attached to it, and thus raise that cartilage from the laryngeal entrance.

Again, a certain amount of difficulty will be surmounted occasionally from preternatural irritability of the fauces, though much difficulty is attributed to such irritability, which in reality is due to want of skill in the operator. When this irritability exists in a marked degree, it may be overcome by the local application of astringents. The administration of remedies known to have an anæsthetic influence on the throat, such as the bromides of potassium and ammonium, may be resorted to. Pieces of ice may be allowed to dissolve slowly in the mouth. Local anæsthesia may be induced externally over the larynx. The most satisfactory method, however, will be to produce chloroformization by the inhalation of a few drops of chloroform; but full anæsthesia is not to be induced, inasmuch as we require the coöperation of the patient in the performance of various physiological muscular efforts, such as coughing, inspiring deeply, vocalizing, etc. It will be found that many cases of irritability of the fauces are dependent upon indigestion. When this is the case, the administration of a purge, which shall operate a few hours before the examination, will be found of service. In some cases the irritability is attendant upon the action of digestion itself, and then it will suffice to examine the patient when the stomach is empty.

Enlargement of the tonsils will necessitate the employment of smaller mirrors, or of oval ones, and where the glands are so hypertrophied as to preclude examination otherwise, surgical interference will be necessary.

An elongated uvula may prove a source of difficulty. Retraction can sometimes be induced by tittilation, or the local influence of an astringent; but if such means do not suffice, and its image is reflected in the mirror to the detriment of the observation of other structures, then its extremity must be clipped off.

An unfavorable position of the epiglottis may offer a mechanical obstacle to a view of the interior of the larynx. Connected to the root of the tongue by strong ligamentous attachment, it participates in the movements of that organ, and when the tongue is at rest, covers the upper aperture of the larynx. Usually, by forcibly protruding the organ, we can raise the epiglottis sufficiently, but in some cases there is an unusual degree of deflection backward, more than can be overcome by forcible extrusion. This condition is sometimes congenital, sometimes acquired. We notice it in bass singers, in clergymen of pathetic rhetoric, in stage villains and others who acquire this position of the epiglotis in consequence of the peculiar muscular effects necessary to educe the required tone, until finally the cartilage retains the acquired deflection. If the various methods mentioned in connection with the management of the tongue fail to raise the epiglottis, a sudden powerful inspiration will often produce the effect momentarily; the enunciation of the sound of the diphthong *æ* made during an examination will raise the valve mechanically; and these efforts can be repeated again and again. When these means fail, some instrument must be passed behind the epiglottis to draw it forward. For this purpose we have hooks, forceps, pincettes, extension-thimbles, etc.

The patient's manner of breathing occasionally presents an impediment to the examination, and it requires some effort to overcome their spasmodic and hurried respiration. It is necessary that they breathe quietly and rather deeply, and the best way to accomplish this result is to persist with them until they have learned to imitate one's own manner.

Before introducing the mirror into the patient's mouth, it will be well to obtain some general idea as to the symmetry of the oral contents, so as to form some judgment as to the facility with which the examination can be conducted; and where the patient is sufficiently intelligent, an explanation of the subject will be found of material assistance in acquiring his coöperation with the examiner.

The mirror must be introduced with a firm hand. A shaking hand will irritate the structures and compromise success. It may be necessary to alter the position of the mirror in order to bring certain structures into view, and the movements should be made quietly. Nor should the mirror be held too long in the mouth at any one time, as it is liable to induce slight congestion, which may complicate diagnosis. It is better to withdraw the mirror and introduce it again, and repeat this process as often as may be neccssary.

[To be continued.]

# Editorial Department.

## Periscope.

### A Remarkable Case of Penetrating Wound of the Abdomen and Intestines,

Followed by recovery, is related by Dr. Wanzer in the *Chicago Medical Journal.*

A boy, 9 years old, fell from a height of 25 feet upon a picket fence. One picket struck the upper third of the left tibia, making an oblique indentation of the bone, upon its cancellated tissue, two inches in length, without fracture. Another picket entered the left axillary space, making an extensive wound without entering the thoracic cavity. The third picket entered the left inguinal region, dividing the structures transversely across this region and the hypogastric, peeling up the tissues from the muscles about three inches in a valvular manner. The wound through the abdominal muscles was circular, and did not exceed one inch and a half in diameter. The peritoneum and one of the coils of the intestines was lacerated. The rent in one of the convolutions of the ilium was an inch; the aperture ragged, and the mucous membrane everted. When seen, the protruding mass lying outside was the size of a large orange. There was also hernia between the abdominal muscles. There seemed to be a sort of artificial pouch in the cellular substance between the fascia transversalis and the transversalis muscle, containing as much intestine as protruded externally. Pulsation of one of the mesenteric arteries was visible, but there was little hemorrhage.

Chloroform administered and the legs flexed, and abdomnal muscles relaxed as much as possible by proper position, the fecal matter and other foreign substances were gently washed from the wounded structures with tepid water, and the edges of the wound of the intestine coapted with continuous sutures, which were cut off closely. The protruding mass was then reduced by taxis. By gentle and cautious manipulation the gut was returned also through the small aperture in the abdominal muscles, without enlarging the opening. When the viscera were all in their proper position, the external wound was closed with several interrupted sutures, a compress and bandage.

The patient suffered during the first 24 hours from shock. In 48 hours after, preternatural heat, tenderness and fulness of the abdomen indicated the approach of fatal peritonitis. These symptoms, however soon subsided. The wounds nearly healed by first intention. The patient complained exceedingly, during the first seven days, of vesical tenesmus, when the bladder became in the least distended. There was during this time also much thirst and febrile reaction. Treatment during first ten days was ¼ of a grain of opium every four hours. The sutures were allowed to remain undisturbed. Cold water was applied continuously to the abdomen. Diet exclusively liquid.

The bowels were not moved for fifteen days, at the end of which time he complained of pain. An oleaginous enema produced a large passage of impacted fæces. In twenty days the patient was apparently entirely out of danger.

### Nostrums.

In the *Cincinnati Journal of Medicine*, Dr. J. F. Hibberd of Richmond, Ind., comes down on certain nostrums and nostrum-venders in the following trenchant style:

Just now an active effort is being made to introduce into this city another nostrum called "Fluid Extract of Sarsaparilla with Iodide of Lime." This last article may be an excellent remedial agent, but it is presented surrounded by the declaration that large numbers of the most eminent physicians have testified to its worth; by the promise that it is admirably adapted to the use of children in chronic diseases, and by all those special pleadings that nostrum makers know so well how to apply to cajole the public into buying their wares.

This Iodide of Lime is one of the products of the laboratory of Dr. J. R. Nichols and Co., who have a very specious and Oily Gammon way of presenting their preparations to the profession. For some years this house has been making and vending an "Elixir of Bark and Iron," the great merit of which they claimed, was, that it contained the protoxide of iron, whereas it contains no such ingredient. Of this fact I have long been satisfied, but to fix the affair with chemical certainty, Dr. Weist, at my request, during the present week, examined a specimen that I presented him, and neither by the test paraded by the proprietors, nor by other tests, could any protoxide of iron be detected.

Within the last forty-eight hours, while I was preparing this paper, the traveling agent of this same house laid upon my table a circular, one side of which is devoted to puffing the iodide of lime, and the other side is taken up with an essay on "Opium and its Alkaloids," leading to the announcement that the Tinctura Opii Deodorata of the Pharmacopœia is an excellent preparation, but that its title is a misnomer, and that they prepare the article in a superior manner and *propose to vend it under the name of "Infusum Opii Deodorata."* Such brazen impudence is past being tolerable, and ought to rule the house of its perpetrators from the catalogue of reputable pharmaceutists,—and prevent any of their preparations from being found in any respectable drug store.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, NOVEMBER 3, 1866.

## VITAL STATISTICS of MASSACHUSETTS.

No State of the Union has so efficient a registry law as Massachusetts. As we cannot have a National Registry Law, it is important that our States should all have complete laws on this subject, and if there could be concert of action, and one form of law adopted and passed by all, it would be a great gain to science.

The Twenty-third Registration Report for the State of Massachusetts—for the year 1864—has just been published, for an abstract of which we are indebted to Dr. NATHAN ALLEN, of Lowell, who, we believe, is one of the Registrars. The report contains facts of great interest.

The births for that year were 30,449; males 15,634, females 14,745. The marriages were 12,513 couples; 7574 Americans, and 4930 of foreign or mixed origin. The deaths were 28,728; 14,964 males, and 13,689 females. The marriages and deaths were much larger than in almost any former year, and the births were considerably less, the war explaining in part the cause of this difference. There were 1640 more marriages than in 1863, and there were just twice the number among the Foreign population, for the same number of inhabitants, as among the American. Previous to 1864, the number of marriages had been decreasing for several years.

This, with previous reports, establishes the following facts, with regard to longevity. The average age of all who died in 1864 was 38½ years. One-fifth died under one year of age, and two-fifths under five years. Farmers are, as a class, the longest lived, reaching an average age of over 64 years. Next, are those reported as "gentlemen"—meaning, we suppose, certain persons "without any visible means of support"—enjoying their *otium cum dignitate* to an average age of 62. Then come "professional" men—first, judges almost 62, then lawyers 56½, clergymen 56¼, and lastly, physicians 55 years. Other average ages are as follows: mechanics engaged in out-door work, a little over 50 years; mechanics working in shops and having considerable exercise, 47 years; while another class, having but little exercise, reach but 41; merchants, etc., 47. Merchants are returned at 52, while their clerks are returned at only 34 years; manfacturers, 45; railway agents and conductors, only 37 years.

The average age of 3000 females at death is returned at 46; housekeepers, 50; domestics, 48; seamstresses, 43; dressmakers, 33; operatives, 28; teachers, 28. This mortality compares unfavorably with that in England, being both larger and more of it in early life.

The rate of mortality for the whole State of Massachusetts is 1 death to 51 persons living, the rate varying, of course, in the rural and thickly-settled districts. Thus, in Berkshire county, the mortality is 1 in 68, while in Suffolk county, which includes the city of Boston, it is 1 in 44.

The chief cause of mortality is consumption, comprising one-sixth of the whole. Pneumonia comes next in order, then cholera infantum, dysentery, scarlet fever, typhoid fever, brain and heart disease, etc. etc.

The months in the year proving most fatal are February and March, August and September; the two first for throat and lung difficulties, and the two latter for stomach and bowel complaints. May and June, on the other hand, are found to be the healthiest months in the year.

The interesting subject of the increase of population we will recur to again next week.

## THE ILLNESS OF THE EMPEROR LOUIS NAPOLEON.

The dispatches and correspondence contain a good many vague hints in regard to the supposed serious illness of the French Emperor. The Berlin correspondent of the *New York Tribune*, with a good deal of positiveness, pronounces his malady an incurable one, and goes so far as to state, on the authority of a special dispatch, that "his death may be hourly expected." But as this was so long ago as Oct. 11th, and as the telegraph would inform us in a few hours of the occurrence of so important an event, the correspondent was evidently a little too fast. He says that the distinguished LANGENBECK, Chief Surgeon of the Prussian army, had been summoned, two days previously, to Biarritz, in consultation with the physicians of the French Emperor, on the possibility of an operation for his relief.

We had been led, from something that had fallen under our notice, to suppose that the Emperor's disease is diabetes. If so, it is hardly likely, of course, that any surgical operation will be attempted for his relief. If the Emperor is as ill as busy newspaper correspondents make out, it cannot be long before the nature of his disease will be made known, which, it is hinted, has been kept secret for State reasons.

### "A NEW ANATOMICAL FACT," (OR PHYSIOLOGICAL CONDITION.)

Dr. H. J. Holmes, of Spring Ridge, Hinds Co., Mississippi, issues a call in the papers of that State, directed to the medical profession, requesting them to meet him in Jackson, on the 30th of October, in order that he may demonstrate to them the existence of "a new anatomical fact, which is not generally known to exist with the living female, and upon which is based a more thorough and successful plan of treating uterine diseases." He proposes to present cases "upon whom this fact will be demonstrated, to the entire satisfaction of every unprejudiced member of the profession present."

Dr. Holmes, in the following communication, gives an indication of what his discovery is. He is certainly very enthusiastic about it, and unlikely as it appears that he will be able to prove his position, as he offers to *demonstrate* it, we feel that we cannot do less than allow him to state his case.

Dr. Holmes states that "a new anatomical fact exists in the living female, when affected with any one of the forms of uterine disease. This anatomical fact consists in a lengthened condition of the womb—that is to say, from *ten to twelve inches*—from the os tincæ to the fundus uteri, in *every case from fifteen to fifty years*. However startling this may appear, it will be presented to the physicians of this State, in the city of Jackson, on the 30th day of this month, after which it is my intention to present it to the Faculty of New Orleans, and to the students of the two medical colleges in that city, on or about the 12th of November. This discovery, which was made fifteen years ago, has been shown to some fifty physicians, and demonstrated upon hundreds of patients, without there being a single exception, and which I am now determined to press upon the notice of the profession. Profs. C. D. Meigs and Hodge will recollect a visit I made to Philadelphia in the year 1857. While there, I selected them as the leading members of the profession to investigate this matter; and if satisfied that a metallic probe and porte caustique could be introduced through the os tincæ to the fundus, to the extent of ten or twelve inches, and the modified nitrate of silver applied with it, so as to cauterize the entire mucus surface of the uterine canal with impunity, to know if they would be willing to proclaim it to the medical profession of the United States as a fixed fact? * * * When I present myself again in Philadelphia, (which will be in a short time,) to demonstrate this fact, I shall be prepared also to present an endorsement of the Southern faculty, that this state of things not only exists in the living female, but that the metallic probe and the porte caustique, charged with the pulverized (modified) nitrate of silver, can be introduced to the depth specified, and that no bad effects will follow. Without entering into any of the details in regard to this lengthened condition of the womb, suffice it to say, I have simply called your attention to the fact, and I pledge myself to demonstrate it to the entire satisfaction of every unprejudiced member of the profession in Philadelphia, on my way to Paris."

Dr. Holmes having been appointed by the Governor of Mississippi a Commissioner from that State to the World's Exposition in Paris in 1867, proposes to demonstrate this matter to the Faculty of Europe. We trust that he will first succeed in satisfying the profession of this country of the validity of his discovery.

## Notes and Comments.

### The Philadelphia School of Anatomy.

We notice that the Philadelphia School of Anatomy has gone into the hands of our friend, Dr. W. W. Keen, of this city. Dr. Keen, whose scientific researches have already given him a world-wide reputation, has recently returned from Europe, and is well prepared to give an anatomical course. Dr. R. S. Sutton, who has conducted the school successfully for two or three years, retires from it on account of ill-health, we understand, and we hear that he intends opening a practice in the city of Pittsburgh. His private collection of specimens will be used for the instruction of students in the "smoky city." The Doctor has been known here as a hard worker, and a successful teacher. We hope his efforts in the west will be crowned with success.

### Rankin's Chamber-Vessel.

Many attempts have been made to make disinfectants available for all domestic purposes, such as the disinfection of houses, bed-rooms, house utensils of various kinds, etc., but they have, for various reasons, generally proved failures. Among these reasons are the fact that most disinfecting compounds simply substitute one bad smell for another, to which is to be added the inconvenience of application. A disinfectant should *neutralize* the deleterious emanations, and thus destroy their power of impairing the health and offending the senses at the same time, and it should be of *convenient application*. These desiderata seem to have been very well met in a utensil invented by Mr. A. N. Rankin, of New York, in which a chamber-vessel is contrived, with a hollow lid and handle, intended to contain a disinfectant, prepared according to an excellent formula of Mr. Rankin's. We understand that this utensil is soon to be manufactured and put upon the market.

### A "Diaploma."

The following document, *literatim et punctuatim*, was found in the pocket of a "doctor" who recently died in one of our public institutions. It is a good specimen of the method of manufacturing some of the "doctors" who go abroad and practice on "American" diplomas. Such manufactories exist under one name or another in most of our large cities:

"*New Orleans.*

"Dr. William H. Rathbone.

"This diaploma I do give from my right hand and do solemnly swear that Dr. ——— ——— has served three years and one month in our disecting rooms we the undersigned do solemnly swear that ——— ——— is truly a brother of doing good—we know that he can reduce pragnacy or anything belonging to midwifery we have also tryed his Skill with old chronic deseases—very much to our Satisfaction as he has Been Successfull in every case where the medicine has Been used according to his directions—as for medicine he is a self educated man he understands the human sistem thourily and is prpaed to give explinations to lecture apon the Subject—his remrcable and powerfull Skill has Been tested here with us—we feel willing to reccomment him above all others thus far graduates from our desecting Rooms—we think there is something in his powers aforseen that we cannot account for the following is a true discription as we are able to give of him his complection is hard to get at his hair is of a dark chesnut color his beard of redish cast his eyes of brilliant colors the hair on his chest are black he has a mark on the upper lip and two of his nuckles on his right hand are knocked off his hith five feet seven in and half and weight about a hundred and fifty three pounds and if the above marks are not found on him and a true discription of him—we can not allow him this diaploma But if this discription will answer we allow him to be a faithful Brother to his profession and may god bless him in doing good in this great and glorius heres is our well wishes now and forever. Prof William H Rathbone
Henry Rodwell M D
Edward Willard M. D."

### Medical Society in Harford Co., Md.

The physicians of Harford co., Md., have called a meeting, to assemble at Bel Air, on the second Tuesday (the 13th) of November, at ten o'clock, A. M., for the purpose of organizing a county medical society. As there are twenty to thirty practising physicians in the county, an effective society should be formed, and we trust that there will be a general turn out, and a good start made.

*Vaccine Virus.* Will some of our correspondents who have received vaccine virus from us return the compliment, so that we can supply others? Our vaccine exchange is a very great accommodation to the profession, but we can only keep it up through our friends who receive from us, keeping us supplied with the material.

### Books, etc., Received.

*Auscultation and Percussion.* By Barth and Rogers.

*Practical Therapeutics.* By Waring.

*Science and Practice of Medicine.* By Aitken. Vol. 1.

The above from Lindsay & Blakiston.

*Ophthalmic Surgery.* By Laurence & Moon.

*Medical Jurisprudence.* By Taylor, edited by Penrose.

*Diseases of the Skin.* By Neligan.

The above from H. C. Lea.

# Correspondence.

## DOMESTIC.

### Ancient Jewish Therapeutics in reference to certain Diseases of Females.

Editor Medical and Surgical Reporter:

In the 5th chapter of St. Mark, we read of a certain woman which had an issue of blood twelve years, and had suffered many things of many physicians, and had spent all that she had, and was nothing bettered, but rather grew worse.

Dr. Lightfoot gives, out of many others, the following remedies used by the ancient Jewish physicians for the cure of diseases of this nature, viz.:

Take of Gum Alexandria,
Alum,
Crocus hortensis, the weight of a *Zuzu* each; let them be bruised together, and given in wine to the woman that hath an issue of blood. But if this fail,

Take of Persian onions, nine logs,
Boil in wine, and give it to her to drink; and say:
Arise from thy flux.

But should this do no good, set her in a place where two ways meet, and let her hold a cup of wine in her hand; and let somebody come behind and affright her, and say:
Arise from thy flux.

But should this fail,

Take a handful of Cumin,
" " Crocus,
" " Fenugreek; and let these be boiled, and give her to drink, and say:
Arise from thy flux.

But should this also fail,

Dig seven trenches, and burn in them some cuttings of vines, not yet circumcised (not yet

four years old), and let her take in her hand a cup of wine, and let her be led from this trench and sit down over that; and let her be removed from that, and sit down over another; and in each removal say unto her:

Arise from thy flux.

The commentator remarks briefly, that the nature of the case was evident. That the case of this woman was an afflicting one. That from some of the nostrums employed it was evident that she could not be bettered; and from some others it is as evident that she must be made worse; and from all together, it is certain that she must have suffered many things of many physicians. From the persons employed, the expenses of the medicines, and the number of years she was afflicted, it was credible that she had spent all that she had, and was nothing bettered, but grew worse. She was therefore a fit patient for the Great Physician. L. B. Balliet.

*Unionville, Lehigh co., Pa., Oct.* 1866.

### Spontaneous Evolution.

Editor Medical and Surgical Reporter:

My object in offering this communication for publication is to put on record a case which I believe to be of very rare occurrence. I have practised a number of years; have attended hundreds of cases, and never before noticed such a case as is described below. Dr. Duncan was the first, I believe, to record a case, and Dr. Bard, in his excellent treatise, (page 274,) alludes to the matter as of very rare occurrence. His experience and opportunities for observation have probably never been excelled by any other physician in America.

*Case.* Sept. 25th, 1866, was called, early in the morning, to see Mrs. M. K., aged 30 years, very strong, stoutly built, and muscular; in her third labor. The two preceding ones had been very severe, the first attended with convulsions. Found her having some pains with long intervals; so much so that I did not deem any interference necessary, more than directing warm teas and telling her I would be around again; and thus passed the first twenty-four hours.

The second day, was called early. I found an increase of pain. Examined for the first time, and found the os uteri about the size of a sixpence, and the presenting part I could not make out, so slight had been and were the advances, but I was sure it was not the head. I ordered a large dose of castor oil, one-third of a teacupful, and left, telling her friends where I could be found.

Was sent for at 4 o'clock, P. M. Increase of pains. Examined, and to my regret and dismay, found a breech-presentation. Examined very carefully, so as not to confound with a face-presentation. The two tuber-ischii were easily reached and diagnosed, also the anus, into which I thrust my finger (to make sure of the diagnosis) one-fourth of an inch. I said to myself—a bad job and a tight place are before me. As a corroborative of my opinion, I would state that one of the female attendants asked me how I found things. I told her. She said just so, that she had ascertained the fact in my absence. She has had children herself and much experience with others. About this time, patient called for a vessel, and had a very severe and copious effect from the oil before taken, operating two or three times severely. After returning to bed, her pains greatly increased. Examined, and to my joy, found a regular head-presentation all right, with the waters gathered before, which soon broke. The case progressed very slowly, little by little, the os uteri being very slow to yield. After complete relaxation had taken place, I found that I should have to apply the forceps or give ergot. I chose the latter, and gave nearly an ounce in substance, when the pains became greatly intensified, and I soon was enabled to fix a hold on the head, and although slight, was soon able to terminate the labor. The placenta was adherent throughout, and required separating. Contraction not being perfect, considerable flooding followed; the patient fainted, but by the aid of stimulants and a tight bandage, she soon rallied, and is now well, and the child (which was large) doing quite well.

Garry H. Miner, M. D.

*Morris, Conn., Oct.*, 1866.

### Delirium Tremens.

Editor Medical and Surgical Reporter:

September 23d. Was called, in consultation, to P. B., æt. 30 years, Irish laborer on railroad, who was convalescing from a sharp attack of bilious pneumonia, when he was seized with raving delirium — had to be held in bed by stout men, and had been in this condition for thirty hours without sleep. His motions were peculiar. He was on the bed on his knees, his face buried in the clothes close to his knees, and with both hands was busy clawing at his face, as if he was in a yellow-jacket's nest. Could give him nothing. Immediately brought him under the influence of chloroform, so that he was partially sensible, and gave him,

℞. Tr. digitalis,
Tr. camphoræ,
Spts. frumenti, āā f.℥ss,

Which was repeated in an hour, and again in one hour and a half, when he went to sleep, and slept for ten hours. When he awoke, was calm, serene, and perfectly rational. He said he felt a little weak, but is now at work.

B. G. NEAL, M. D.

*Columbus City, Iowa, Oct.* 16, 1866.

# News and Miscellany.

### Female Doctors.

A young lady in Paris, having honorably passed two examinations in mixed sciences, has been authorized by the Minister of Public Instruction to go through a preparatory course of medicine at Algiers, as her medical attendance might be of great service to the Arab population, and through her the boon of medical science might penetrate the tent and harem of the Arab, where no male doctor would ever be admitted. Lately another lady has passed her examination as a midwife, and has obtained permission to offer herself as a candidate for examination at Paris for the degree of doctor of medicine.—*London Lancet.*

—— There is much uneasiness in France, at the increasing bad health of the Emperor. There is no concealing the fact any longer that his ailment, dropsy, is intensifying to a degree that threatens his life.

—— Drs. A. WILSON, of Sydney, Ohio, and JAMES P. BURCHFIELD, of Clearfield, Pennsylvania, have been appointed examining surgeons of Pension Bureau.

—— It is stated that three thousand five hundred people died of cholera during August and September in St. Louis.

—— M. MARIA, who was surgeon on board the *Formidable* at the battle of Trafalgar, has just died at Nice. He is supposed to have been the last of the French officers who took part in that engagement.

—— DURING the past year more than $3,500,000 have been paid for pensions granted on account of disability or death from service in the war of the rebellion. It is estimated that more than 7,000,000 of dollars will be required for the same purpose during the present year.

—— A timid gentleman some days ago met one of our bluff, burly doctors, who is more noted for the force than the polish of his language, when the following colloquy ensued; "Doctor, what shall I take for the cholera?" "The cholera! have you got the cholera?" "No." "Well, take the cholera first.

—— Dr. H. R. STORER, of Boston, recently performed the operation of ovariotomy on a patient at Cornwall, Mass., removing both ovaries, one weighing twenty, and the other nine pounds. At last accounts the patient was considered to be out of danger.

# Army and Navy News.

### NAVY.

List of changes in the Medical Corps of the U. S. Navy, during the week ending October 27th, 1866.

Surgeon L. B. Hunter placed on retired list.

Surgeon J. W. Taylor detached from Naval Rendezvous, Boston, and ordered to the U. S. Ship Estrella, as Fleet Surgeon, Gulf Squadron.

Surgeon J. S. Kitchen ordered to the Naval Rendezvous, Boston.

Surgeon S. W. Kellogg appointed Fleet Surgeon, South Atlantic Squadron, from November 1, 1866.

Surgeon J. Beale appointed Fleet Surgeon, Asiatic Squadron, from November 1, 1866.

Surgeon J. McClelland appointed Fleet Surgeon, European Squadron, from November 1, 1866.

Surgeon Samuel Jackson appointed Fleet Surgeon, North Pacific Squadron, from November 1, 1866.

Surgeon J. Rudenstein appointed Fleet Surgeon, South Pacific Squadron, from November 1, 1866.

Past Assistant Surgeon H. M. Wells promoted to Surgeon.

Past Assistant Surgeon E. D. Payne detached from the U. S. Ship St. Mary, and placed on waiting orders.

Past Assistant Surgeon D. McMurtrie detached from the U. S. Ship Winnipee, and placed on waiting orders.

Acting Assistant Surgeon R. T. Brooks promoted to Acting Passed Assistant Surgeon.

Acting Assistant Surgeon H. C. Eckstein detached from the U. S. Ship Purveyor, and placed on waiting orders.

Acting Assistant Surgeons A. C. Fowler and John Flynn, honorably discharged.

### MARRIED.

BARNUM—WRIGHT.—October 24, by the Rev. S. A. Laper, at Chapequa (New Castle), Westchester county, N Y., Dr. S. L. Barnum, of New Fairfield, Conn., and Miss Phebe J. Wright, daughter of J. Merrit Wright, of the former place.

CLARK—MAGILTAN.—In New York, October 16, by the Rev. James Harper, D. D., Wm. M. Clark, M. D., and Mary, daughter of the late Thomas Magiltan.

DARBY—THOMAS.—At Galesburg, Ill., October 17, by Rev. Edward Beecher, D. D., Dr. Edwin T Darby, of Philadelphia, and Miss Carrie B., eldest daughter of E. F. Thomas, Esq.

GOODWIN—COOK.—October 17, by Rev. George H. Hepworth, Dr. D. M. Goodwin and Hattie T. Cook, both of Montpelier, Vt.

GRANGER—BILLINGS.—In Framingham, Mass., October 18, by Rev. John K. McLean, Dr R B. Granger, of Boston, and Miss Hester G., daughter of Charles H. Billings, of Framingham.

HARLAN—HOLMAN.—In Dedham, Mass., October 17, in St. Paul's Church, by Rev. Samuel B. Babcock, George Cuvier Harlan, M. D., of Philadelphia, and Miss Mary, daughter of the late Silas Holman, M. D., of Gardiner, Maine.

IVES—STILLE.—October 17th, at St. Mark's Church, Philadelphia, by the Rev. Walter B. Mitchell, assisted by the Rev. Edwin Harwood, D. D., of New Haven, Connecticut, Robert S. Ives, M. D., of New Haven, and Maria, daughter of Alfred Stillé, M. D., of Philadelphia.

KEIM—DILKS.—October 25, by Rev. John Thompson, at the residence of the bride's parents, Dr. Milton Keim and Miss Camelia F. Dilks, all of Philadelphia.

KIMBALL—HOLBROOK.—October 18, by Rev. G. W. Blagden, Dr. Horace Kimball, of New York, and Miss Antoinette A. Holbrook, of South Braintree.

LUDLOW—VAN MATRE.—In Chicago, Ill, October 17th, by the Rev. J. E. Homans, Dr. John Ludlow and Maria Van Matre, daughter of the late Daniel Van Matre.

REBER—FARREL.—In Chicago, October 4, by Rev. M. N. Lord, at the residence of the bride's father, Dr. A. S. Reber and Miss Virginia G. Farrel, daughter of Dr. Farrel, of Chicago.

SMITH—SMITH.—October 18th, by Rev. William E. Jones, of Cedarville, N. J., Ira P. Smith, M. D., and Miss Hattie A., youngest daughter of John J. Smith, Esq., all of Bath, N. Y.

THOMAS—DUGAN.—October 10th, at the residence of the bride's father, near Covington, Ky., by Rev. J. W. Langley, Dr. Wm. L. Thomas, of California, and Miss Mattie M. Dugan.

WEDEMEYER—BECKER.—At Pittston, Pa., September 20th, by Rev. C. Oeffinger, Captain William G. Wedemeyer, Sixteenth U. S. Infantry, and Ada A., daughter of Dr. J. C. Becker, of Pittston.

## DIED.

Adams.—At Bridgeport, Conn., October 20th, Margaret A, wife of Dr. John G. Adams, of New York.

Bell.—October 5th, in Ripley, Ohio, of cholera, Mrs. Elizabeth H., wife of Dr. E. R. Bell, in the 31st year of her age.

Breed.—At Washington City, D. C., October 19th, Gulielma, wife of Daniel Breed, M. D., and daughter of the late Robert L. Bowne, of New York.

Church.—At Pau, France, September 27th, in the 41st year of his age, William Henry Church, M. D., of New York, formerly Division Surgeon on General Burnside's staff, and youngest son of the late Hon Philip Church, of Belvidere, N. Y.

Fort.—At New Egypt, N. J., October 25th, 1866, of typhus gravior, Anna Maria Fort, wife of Dr. George F. Fort, aged 57, years, 4 months, and 19 days.

McDonald.—In Brooklyn, October 21, of cirrhosis of the liver, Sarah M. McDonald, aged 43 years, wife of Dr. R. H. McDonald, of Sacramento, Cal.

Pettigrew.—In Rural Village, Armstrong county, Pa., October 9th, 1866, Matthew McClelland, son of Dr. John M. and Cordelia Pettigrew, aged 1 year and 14 days.

Skillern.—At Pulaski, Tenn., October 23d, Elizabeth, wife of Dr. S. R. Skillern, and daughter of the late Peter Penn-Gaskell, of this city.

Thomson.—In New York, October 21, Eliza Hanna, only daughter of Dr. W. H. and C. S. V. D. Thomson, aged 2 years and 9 months.

## ANSWERS TO CORRESPONDENTS.

*Dr. T. M. W., Gallatin, Tenn.*—The publisher of *Braithwaite's Retrospect* announces, that from January, 1867, the American Summary, by Dr. A. K. Gardner, will be added to their republication of that useful work: the subscription price, as we understand, remaining the same as at present.

## METEOROLOGY.

| October, | 15, | 16, | 17, | 18, | 19, | 20, | 21, |
|---|---|---|---|---|---|---|---|
| Wind..... | N. W. | N. W. | N. | N. W. | N. | S. W. | S. W. |
| Weather..... | Clear. | Clear. | Clear. | Clear. | Clear. Fog. | Clear. Fog. | Clear. Fog. |
| Depth Rain..... | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 45° | 40° | 49° | 50° | 44° | 48° | 44° |
| At 8 A. M..... | 55 | 52 | 59 | 56 | 57 | 54 | 57 |
| At 12 M..... | 67 | 64 | 70 | 65 | 65 | 66 | 70 |
| At 3 P. M..... | 67 | 65 | 72 | 64 | 64 | 67 | 72 |
| Mean..... | 58.50 | 55.25 | 62.50 | 59.25 | 57.50 | 58.75 | 60.75 |
| *Barometer.* | | | | | | | |
| At 12 M..... | 30.3 | 30 4 | 30.1 | 30 2 | 30.4 | 30.4 | 30.3 |

*Germantown, Pa.* B. J. Lzedom.